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**REQUEST FOR
WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/988,055
Filing Date	November 16, 2001
First Named Inventor	Dan A. Steinberg
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	A1148.0000/P008

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Failure by the applicant to pay the bills rendered by the undersigned practitioner for an unreasonable period of time.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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Place Customer Number
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☒ Firm or
Individual Name

Address Haleos, Inc.

Address 3150 State Street

City Blacksburg

State Virginia Zip 24060

Country U.S.A.

Telephone

Fax

☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 24998.

This request is enclosed in triplicate (including any attachments).

Name William E. Powell, III (39,803)

Signature W.E. Powell

Date 1/8/03

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimate to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark, Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.